

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/02/2019 15:04
Date Of Accident	06/02/2019 14:00
Exact Location Of Accident	53KM FROM MERSING JOHOR BAHRU TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8421B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	DAVE.RESENDEZ@TIONGSENG.COM.SG
Mobile Phone No	(LOCAL) +65-92366720
Alternative Phone No	OFFICE-92366720

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE RETURNING FROM TIOMAN ISLAND
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	RESENDEZ DAVID
NRIC No	G3440165P
Date Of Birth	11/06/1965
Occupation	INDOOR
Date Of Driving Pass	31/03/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92366720
Fax Number	
Contact Number	OTHERS-92366720
EEmail Address	DAVE.RESENDEZ@TIONGSENG.COM.SG

Address	63 CHESTNUT AVENUE 17/14 ECOSANTUARY
Postcode	679523
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WJC2085 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK KOTA TINGGI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND TRAFIK KOTA TINGGI/000467/19

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WJC2085
Vehicle Make/Model/Colour	PROTON SAGA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR AMIRGH BINTAMIR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberJYL282
Vehicle Make/Model/ColourTOYOTA VIOS
Details Of Properties
Vehicle CategoryPRIVATE CAR
Name of DriverJAMANI
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)4
Passenger 1
NAME: :
GENDER: :

Passenger 2
NAME: :
GENDER: :

Passenger 3
NAME: :
GENDER: :

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;


(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

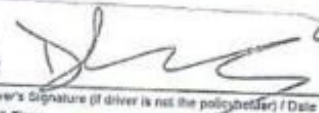
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time

11/05/2019

Witnessed by Reporting Convict Personnel

Sketch Plan 4

53 KM FROM JOHOR BAHU ON ROAD FROM MANJUNG

JWL 282
TOYOTA

→
HIT
PROTON

WJC 2085
PROTON

→
HIT ME IN BACK

SKR 4218
MY CAR

→
MOVING FORWARD
SLOWLY

CAR FLASHING LIGHTS

←

Accident Sketch Plan

Describe Circumstance of the Accident *

I WAS RETURNING TO SINGAPORE FROM MERGING AND WAS APPROXIMATELY 52KM FROM JUTUH BAHU. THE VEHICLES IN FRONT SLOWED DOWN AND I DID ALSO. I SAW A CAR ON THE OTHER SIDE OF THE ROAD FLASHING HIS LIGHTS. ALMOST IMMEDIATELY I FELT A BUMP FROM BEHIND. I WAS PROBABLY TRAVELLING AT ABOUT 10KM/H AT THE TIME.

I PULLED OVER TO THE SIDE AND COULD SEE THAT THE RED PROTON CAR HAD BUMPED INTO THE BACK OF MY CAR AS A RESULT OF A REAR END SHUNT BY THE DRIVER OF THE TOYOTA.

THE PROTON CAR WAS DAMAGED BOTH FRONT AND REAR. THE TOYOTA WAS DAMAGED AT THE FRONT ONLY AND MY CAR WAS DAMAGED AT THE REAR (BUMPER).

TRAFIK KOTO TUGUH/000467/19

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature


* Driver's Signature (if driver is not the policyholder) / Date & Time
 9/2/19 1400

Witnessed by Reporting Centre Personnel
 14/02/2019

JB POLICE REPORT

Salinan Repot Polis

Page 1 of 1



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK KOTA TINGGI
Daerah : KOTA TINGGI
Kontinjen : JOHOR
No Repot : TRAFIK KOTA TINGGI/000467/19
Tarikh : 06/02/2019
Waktu : 1517 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R103512

Butir-butir Penerima Repot

Nama : NORAINI BINTI TEMOS

No Personel : R132466

Pangkat : L/KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : RESENDEZ DAVID

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : 530989549

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 11/06/1965

Umur : 53 tahun 7 bulan

Keturunan : ENGLISH

Warganegara : United Kingdom

Pekerjaan : PENGARAH

Alamat Tempat Tinggal : 63 CHESTNUT AVENUE 17/14 ECO SANCTUARY SINGAPORE, 679523

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6592366720

Emel : ---

Pengadu Menyatakan:-

PADA 06/02/2019 JAM LEBIH KURANG 1400 PETANG, SAYA MEMANDU MOTOKAR NOMBOR SKP8421B DARI MERSING HENDAK BALIK KE SINGAPURA. APABILA SAYA SAMPAI DI KM 52.5 JALAN JOHOR BAHRU - MERSING, TIBA-TIBA TERDENGAR DENTUMAN DARI ARAH BELAKANG M/KAR SAYA. SAYA DAPATI BELAKANG M/KAR SAYA TELAH DI LANGGAR OLEH SEBUAH M/KAR NO PLAT WJC 2085. DALAM KEJADIAN INI SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA IALAH BUMPER BELAKANG PECAH DAN LAIN-LAIN KEROSAKAN BELUM PASTI. INILAH LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R132466 | 06/02/2019 03:30:17 PM

Pol.316

Page 1 of 1

POL.316



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBUPEJABAT POLIS DAERAH KOTA TINGGI
81900 KOTA TINGGI, JOHOR
07-8831222

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : RESENDEZ DAVID
No Kad Pengenalan / Paspot : 530989549
No Repot Polis : TRAFIK KOTA TINGGI/000467/19
Tarikh @ Masa Repot Polis : 06/02/2019 @ 15:17
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R103512) SJN SAID BIN JANTAN
Tempat Tugas : JOHOR , KOTA TINGGI
No Telefon Pejabat :
Tarikh @ masa Perjumpaan : 06/02/2019 @ 15:17
Pengesahan Penerimaan Repot :
No Telefon Bimbit : 012-7682740

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama :
No Badan :
Pangkat :
Tarikh @ Masa Gambar Diambil :
Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :


1. Salinan Repot Polis
2. Gambar Kenderaan
3. Rajah Kasar Kemalangan
4. Keputusan Siasatan
5. Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen

13.



	9.	10.	11.	12.
AM		24.01.14	10.06.35	
A1				
A2				
A		19.01.13	10.06.35	79(tri)
B1		24.03.87	10.06.35	
B		24.03.87	10.06.35	
C1		24.03.87	10.06.35	
C				
D1		24.03.87	10.06.35	101
D				
BE		24.03.87	10.06.35	
C1E		24.03.87	10.06.35	107
CE				
D1E		24.03.87	10.06.35	101,119
DE				
fklnpq		24.03.87	10.06.35	118


12. 115

AG98354811

1. Name 2. First name 3. Date and place of birth 4a. Date of issue 4b. Date of expiry 4c. Issued by 5. Licence number 10. Valid from 11. Valid to 12. Codes


VISIT PASS
Immigration Regulations

Name
RESENDEZ DAVID



Date of Birth	Sex	Nationality
11-06-1965	M	BRITISH
FIN	Date of Issue	Date of Expiry
G3440165P	26-02-2018	26-02-2020

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



UK

DRIVING LICENCE

1. RESENDEZ
2. DR DAVID

3. 11.06.1965 ENGLAND
4a. 24.01.2014 4b. 02.07.2019 4c. DVLA
5. RESEN606115D99UB 08
7.

8. CLAREMONT, NEWLAITHES ROAD, HORSFORTH,
LEEDS, LS18 4LG

9. AM/A/B1/B/C1/D1/BE/C1E/D1E/I/k/l/n/p/q

JUL 19

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TIONG SENG CONTRACTORS (PRIVATE) LIMITED

Name
RESENDEZ DAVID
Occupation
DIRECTOR

FIN
G3440165P

Date of Application
02-01-2018
Date of Issue
26-02-2018
Date of Expiry
26-02-2020

G3440165P

L8626162

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

